

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 OCT 29 AM 8:52

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

### CANDIDATE COMMITTEES ONLY:

Candidate Name  
Helen Miller

Political Party (if applicable)  
Democratic

Office Sought  
Representative

District (if Senate or House)  
49th

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

For Office Use Only

Comm. # SW 1445  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Sandy Struicker  
SIGNATURE OF PERSON FILING REPORT

515-955-8301  
TELEPHONE

10-29-10  
DATE SIGNED

I AM FILING A October 26, 2010

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 6,300.58

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

5,075.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 11,375.58

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

5,223.19

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 6,152.39

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

### CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 2,115.44

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/22/10	ID# CK#2806	Casey's PAC P O Box 3001 Ankeny, IA 50021		\$250.00	<input type="checkbox"/>
10/22/10	ID# 6042 CK# 1511	Grocers PAC 2540 106th St., Suite 102 Des Moines, IA 50322		250.00	<input type="checkbox"/>
10/22/10	ID# CK# 3129	Nicholas & Pamela Drzycimski 1518 Timberland Fort Dodge, IA 50501		50.00	<input type="checkbox"/>
10/22/10	ID# CK# 4974	Darrell Goff 1240 Bush Ave Garner, IA 50438		25.00	<input type="checkbox"/>
10/22/10	ID# 6107 CK# 3756	Qwest IPAC 925 High St., 9S9 Des Moines, IA 50309		500.00	<input type="checkbox"/>
10/22/10	ID# CK# 1217	Bruce & Dianne Cochrane 1611 1st Ave No Fort Dodge, IA 50501		100.00	<input type="checkbox"/>
10/22/10	ID# CK# 12829	Bruce & Sally Shimkat 5001 Lake Shore Place Manson, IA 50563		100.00	<input type="checkbox"/>
10/22/10	ID# CK# 4164	Gary & Joan LeValley 1948 Stadium Dr Fort Dodge, IA 50501		50.00	<input type="checkbox"/>
10/22/10	ID# CK# 4725	Wendell & Vallery Peterman Griffis 3309 Valdez Dr Des Moines, IA 50310		50.00	<input type="checkbox"/>
10/22/10	ID# CK# 3255	Shari Fitzgerald 726 N 3rd St Fort Dodge, IA 50501		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,475.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/22/10	ID# CK# 1022	Plymouth Energy PAC 22234 K-42 Merrill, IA 51038		\$50.00	<input type="checkbox"/>
10/22/10	ID# CK# 1037	Western Dubuque Biodiesel PAC 10749 Jamesmeier Rd P O Box 82		150.00	<input type="checkbox"/>
10/22/10	ID# CK# 1114	Siouxland Energy/Livestock Coop PAC 3890 Garfield Ave Sioux Center, IA 51259		150.00	<input type="checkbox"/>
10/22/10	ID# CK# 1026	Southwest Iowa Renewable Energy PAC 10868 189th St Council Bluffs, IA 51503		75.00	<input type="checkbox"/>
10/22/10	ID# CK# 3059	Amaizing Energy PAC 2404 W Hwy 30 Denison, IA 51442		125.00	<input type="checkbox"/>
10/22/10	ID# CK# 1082	Lincolnway Energy PAC 59511 W Lincoln Hwy Nevada, IA 50201		200.00	<input type="checkbox"/>
10/22/10	ID# CK# 173	Midwest Grain Processors PAC 1660 428th St Lakota, IA 50451		75.00	<input type="checkbox"/>
10/22/10	ID# CK# 3071	LSCP PAC 4808 F Ave Marcus, IA 51035		250.00	<input type="checkbox"/>
10/22/10	ID# CK# 4569	Kenneth & Julie Maschhoff 18391 Post Oak Rd Carlyle, IL 62231		200.00	<input type="checkbox"/>
10/22/10	ID# CK# 1070	Western Iowa Energy LLC, PAC P O Box 399 Wall Lake, IA 51466		75.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,350.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Re-elect Helen Milel

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/22/10	ID# CK# 1217	Golden Grain Energy PAC 1822 43rd St SW Mason City, IA 50401		\$400.00	<input type="checkbox"/>
10/22/10	ID# CK# 1060	Absolute Energy PAC 1372 State Line Road St Ansgar, IA 50472		300.00	<input type="checkbox"/>
10/22/10	ID# 6063 CK# 2452	Iowa Dental Association PAC 5530 West Pkwy, Suite 100 Johnston, IA 50131		50.00	<input type="checkbox"/>
10/22/10	ID# 6063 CK# 2471	Iowa Dental Association PAC 5530 West Pkwy, Suite 100 Johnston, IA 50131		100.00	<input type="checkbox"/>
10/22/10	ID# CK# 8109	Koch Industries, Inc. PAC 600 14th St NW, Suite 800 Washington, DC 20005		400.00	<input type="checkbox"/>
10/22/10	ID# 6070 CK# 4106	Iowa LawPAC 625 East Court Ave Des Moines, IA 50309		500.00	<input type="checkbox"/>
10/22/10	ID# 6084 CK# 911	Iowa State UAW-PAC 680 Barclay Blvd. Lincolnshire, IL 60069		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,250.00

TOTAL (if last page of this schedule)

\$ 5,075.00

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Page 3 of 3  
(for Schedule A)

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/10	ID# CK# 3225	Three Eagle Communications 200 North 10th Fort Dodge, IA 50501	radio advertising	\$ 1,123.19
10/22/10	ID# CK# 3226	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	postcards & stamps	75.00
10/22/10	ID# CK# 3227	Mediacom Fort Dodge, IA 50501	television advertising	25.00
10/22/10	ID# CK# 3229	House Truman Fund 5661 Fleur Drive Des Moines, IA 50321	contribution	4,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5,223.19
TOTAL (if last page of this schedule)				\$ 5,223.19

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/22/10	House Truman Fund 5661 Fleur Drive Des Moines, IA 50321		cost of first mailing	\$ 2,861.52	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 2,861.52	
<b>TOTAL (If last page of this schedule)</b>				\$ 2,861.52	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

**H**  
(Rev. 02/08) CAMPAIGN  
PROPERTY

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

ATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.

☐ CHECK THIS BOX IF  
AMENDING FORM

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
7/23/09	Computer	1612.93	1075.29
1/23/10	Scanner	184.43	184.43
8/23/10	IPAD & accessories for same	855.72	855.72

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2,115.44

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules If Needed)